

## **XV. Washington**

### **Background and Current Status:**

EHDI Task Force generated a report to legislature which recommended all babies be screened, existing services and/or gaps be identified, training, education and coordination be provided to ensure that children with hearing loss have access to appropriate intervention services. As a result, in 1999 the Legislature budgeted \$100,000 to promote EHDDI statewide. These funds provided: a List serve to enhance communication; the purchase of screening equipment for five hospitals, mailing of educational materials to hospitals; initiation of discussions on reimbursement

Currently 10 of 72 birthing hospitals have universal programs. These hospitals attempt to assure appropriate diagnostic and intervention services are received. They may use commercially available tracking software, databases developed in-house, or the manual "paper trail" method. However, there is currently no state wide tracking system.

### **Proposed Tracking and Surveillance Activities:**

Washington State hopes to achieve statewide universal newborn hearing screening, coordinated with appropriate diagnosis and intervention, for all infants by 2002.

**In Phase I**, they plan to integrate the EHDDI Tracking and Surveillance System with Newborn Screening (NBS) tracking. The NBS Program receives birth rosters from every hospital in the state. An addendum to the current NBS blood spot collection card will be utilized for reporting about hearing screening. New hearing elements will include screening results, type of test administered, and data elements recommended by "best practice" workgroups and CDC. "Addendums" will be sent to all screening hospitals. If second screening is done in physician's office, an "addendums" will be mailed to them. Data from the addendums will be entered into the EHDDI Tracking and Surveillance database and linked to the demographic information entered for each infant in the NBS database. DOH staff will send a letter to the infant's pediatrician informing them of the need for re-screening or referral for diagnostic evaluation. Five hospitals will be invited to work directly with Genetic Services Staff to pilot the process changes.

**During Phase II**, they will create a web-based reporting component that will be used by diagnostic centers to report data on infants referred for diagnostic evaluations and referral to intervention services. Information collected by the diagnostic centers through the web-based component regarding diagnosis and intervention will be downloaded to the EHDDI Surveillance and Tracking System and linked appropriately. The diagnostic data collected via the Internet will be matched with data collected from the hospitals. The web-based component will build upon the DOH Perimeter Security Project (PSP), scheduled to be completed by October 2000. The PSP is being designed to support secure Internet and web-based applications to connect DOH to other agencies, hospitals, clinics, etc. Training and TA will be provided to all diagnostic centers about reporting through the web-based component. The Division of Information Resource Management will assist with the planning, development and implementation of the EHDDI

Tracking & Surveillance System. .In the third year, a workgroup of audiologists will be convened to discuss mechanisms for ascertaining infant/children with late onset or progressive hearing loss.

**For more information about the Florida program please contact:**

Debra Lochner Doyle

(253) 395-6742

[Debra.LochnerDoyle@doh.wa.gov](mailto:Debra.LochnerDoyle@doh.wa.gov)